


<b>ORDER FOR SUPPLIES OR SERVICES</b> (Contractor must submit four copies of invoice.)						Form Approved OMB No. 0704-0187 Expires Jun 30, 1997		PAGE 1 OF <b>3</b>					
Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302, and to the Office of Management and Budget, Paperwork Reduction Project (0704-0187), Washington, DC 20503.													
<b>PLEASE DO NOT RETURN YOUR FORM TO EITHER OF THESE ADDRESSES.</b> <b>SEND YOUR COMPLETED FORM TO THE PROCUREMENT OFFICIAL IDENTIFIED IN ITEM 6.</b>													
1. CONTRACT/PURCH ORDER NO. <b>N00383-00-G-027B</b>			2. DELIVERY ORDER NO. <b>UB1W</b>		3. DATE OF ORDER (YYMMDD) <b>2003 AUG 15</b>		4. REQUISITION/PURCH REQUEST NO. <b>YPC03114000266</b>		5. PRIORITY <b>DOA1</b>				
6. ISSUED BY CODE <b>SP0700</b> <b>Defense Supply Center Columbus</b> <b>3990 E.Broad St.</b> <b>P.O. Box 16704</b> <b>Columbus,OH 43216-5010</b> <b>Local Administrator: PAABCAP (614)692-2817 / FAX: (614)693-1679</b> <b>E-mail: Caroline.Blalock@dla.mil</b>				7. ADMINISTERED BY (If other than 6) CODE <b>S3316A</b> <b>DCMA NORTHROP GRUMMAN</b> <b>BETHPAGE</b> <b>SOUTH OYSTER BAY ROAD MS D23-025</b> <b>BETHPAGE NY 11714-3593</b> <b>CRITICALITY: B</b>				8. DELIVERY FOB <input type="checkbox"/> DEST <input checked="" type="checkbox"/> OTHER (See Schedule if other)					
9. CONTRACTOR CODE <b>26512</b>  <b>NORTHROP GRUMMAN SYSTEMS CORPORATIO</b> <b>SOUTH OYSTER BAY ROAD</b> <b>BETHPAGE NY 11714-3582</b> <b>BETHPAGE NY 11714-3582</b>				FACILITY CODE		10. DELIVER TO FOB POINT BY (Date) (YYMMDD) <b>660 DAYS ARO</b>		11. MARK IF BUSINESS IS <input type="checkbox"/> SMALL <input type="checkbox"/> SMALL DISADVANTAGED <input type="checkbox"/> WOMEN-OWNED					
NAME AND ADDRESS				12. DISCOUNT TERMS <b>NET 30 days</b>		13. MAIL INVOICES TO <b>See Block 15</b>							
14. SHIP TO CODE <b>See Schedule - Do Not Ship to Address in Block 6</b>				15. PAYMENT WILL BE MADE BY CODE <b>HQ0337</b> <b>HQ0337 DFAS COLUMBUS CENTER</b> <b>NORTH ENTITLEMENT OPERATIONS</b> <b>P O BOX 182266</b> <b>COLUMBUS OH 43218-2266</b> <b>EFT: T</b>				MARK ALL PACKAGES AND PAPERS WITH CONTRACT OR ORDER NUMBER					
16. TYPE OF ORDER		DELIVERY <input checked="" type="checkbox"/>		This delivery order is issued on another Government agency or in accordance with and subject to terms and conditions of above numbered contract.									
		PURCHASE		Reference your <b>offer dated 2003 AUG 04</b> and furnish the following on terms specified herein.									
ACCEPTANCE. THE CONTRACTOR HEREBY ACCEPTS THE OFFER REPRESENTED BY THE NUMBERED PURCHASE ORDER AS IT MAY PREVIOUSLY HAVE BEEN OR IS NOW MODIFIED, SUBJECT TO ALL OF THE TERMS AND CONDITIONS SET FORTH, AND AGREES TO PERFORM THE SAME.													
NAME OF CONTRACTOR _____ SIGNATURE _____ TYPED NAME AND TITLE _____ DATE SIGNED (YYMMDD) _____ <input type="checkbox"/> If this box is marked, supplier must sign Acceptance and return the following number of copies:													
17. ACCOUNTING AND APPROPRIATION DATA/LOCAL USE  <b>CG: 97X4930 5CC0 001 26.0 S33150</b>													
18. ITEM NO.		19. SCHEDULE OF SUPPLIES/SERVICE				20. QUANTITY ORDERED/ACCEPTED*		21. UNIT		22. UNIT PRICE		23. AMOUNT	
		Remarks: <b>CONFIRMING ORDER -- DO NOT DUPLICATE ACCELERATED DELIVERY IS ACCEPTABLE AND DESIRED AT NO COST TO THE GOVERNMENT.</b>				<b>TOTAL:</b> <b>2</b>							
* If quantity accepted by the Government is same as quantity ordered, indicate by X. If different, enter actual quantity accepted below quantity ordered and encircle.				24. UNITED STATES OF AMERICA <b>Joe Baird</b> BY: 				PAAAAB7		25. TOTAL <b>\$ 9880.50</b>			
26. QUANTITY IN COLUMN 20 HAS BEEN <input type="checkbox"/> INSPECTED <input type="checkbox"/> RECEIVED <input type="checkbox"/> ACCEPTED, AND CONFORMS TO THE CONTRACT EXCEPT AS NOTED				32. PAID BY				TRACTING/ORDERING OFFICER HER NO.		29. DIFFERENCE		30. INITIALS	
DATE _____ SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE _____				31. PAYMENT <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL						33. AMOUNT VERIFIED CORRECT FOR			
36. I certify this account is correct and proper for payment. DATE _____ SIGNATURE AND TITLE OF CERTIFYING OFFICER _____				33. COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL						34. CHECK NUMBER		35. BILL OF LADING NO.	
37. RECEIVED AT		38. RECEIVED BY (Print)		39. DATE RECEIVED (YYMMDD)		40. TOTAL CONTAINERS		41. S/R ACCOUNT NUMBER		42. S/R VOUCHER NO.			

## CONTINUATION SHEET

Order Number:

N00383-00-G-027B-UB1W

PAGE OF PAGES

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## SECTION B

PR YPC03114000266  
NSN 4710-00-799-5192

## ITEM DESCRIPTION:

TUBE, TORQUE, INBOARD.  
END ITEM: MODELS C2/E2 AIRCRAFT.

DLAD CLAUSE 52.246-9004, PRODUCT VERIFICATION  
TESTING, IS HEREBY INCORPORATED, AND MAY BE  
INVOKED AT THE DISCRETION OF THE PROCUREMENT  
ACTIVITY.

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## CRITICAL APPLICATION ITEM

NORTHROP GRUMMAN SYSTEMS CORPORATIO (26512) P/N 123SCAM101-173

<u>ITEM</u>	<u>PR</u>	<u>PRLI</u>	<u>QUANTITY</u>	<u>UNIT</u>	<u>UNIT PRICE</u>	<u>AMOUNT</u>
0001	YPC03114000266	0001	2	EA	\$4940.25000	\$9880.50

QTY VARIANCE: PLUS 0% MINUS 0%  
INSPECTION POINT: ORIGIN  
ACCEPTANCE POINT: ORIGIN

## PREP FOR DELIVERY

PKGING DATA - MIL-STD-2073-1D, 15 DEC 1999  
QUP = 001: PRES MTHD = 31: CLNG/DRY = 1: PRESV MAT = XX:  
WRAP MAT = XX: CUSH/DUNN MAT = XX: CUSH/DUNN THKNESS = X:  
UNIT CONT = XX: OPI = O:  
INTRMDTE CONT = XX: INTRMDTE CONT QTY = AAA:  
PACK CODE = U:  
MARKING SHALL BE IN ACCORDANCE WITH MIL-STD-129.  
SPECIAL MARKING CODE: 00 - NO SPECIAL MARKING.  
PALLETIZATION SHALL BE IN ACCORDANCE WITH DC1636P001 REV E  
DATED 3029

DOD BAR CODE MARKING REQUIRED IN ACCORDANCE WITH  
MIL-STD-129 (LATEST REVISION) MARKING AND BAR  
CODING IN ACCORDANCE WITH AIM BC1.

DELIVER FOB: ORIGIN BY: 2005 JUN 05

CONTINUED ON NEXT PAGE

SECTION B

PARCEL POST ADDRESS:

SW3218  
DEF DIST DEPOT SAN DIEGO  
2680 WODEN STREET  
SAN DIEGO CA 92136-5491

FREIGHT SHIPPING ADDRESS:

SW3218  
DEF DIST DEPOT SAN DIEGO  
2680 WODEN STREET  
RECEIVING BLDG 3304  
SAN DIEGO CA 92136-5491

NON-MILSTRIP  
PROJ NS1

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REMIT PAYMENT TO:

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